

State of California--Health and Human Service Agency										California Department of Health Care Services										Normal Paid Work Hrs Per Week:										Page 1 of 2											
PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES										For use after 7/1/07										Training Date:																					
Name (Last, First, MI)								Job Classification								Employee Number								Claiming Unit (District)								School Site									
Record 5 consecutive days - Start with first hour paid - Record the type of activity by code in 15-minute increments	Date:								Date:								Date:								Date:								Date:								Total
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	
1) School-Related, Educational, & Other Activities																																									
2) Direct Medical Services																																									
3) Non-Medi-Cal Outreach																																									
4) Initial Medi-Cal Outreach																																									
5) Facilitating Application for non-Medi-Cal Programs																																									
6) Facilitating Medi-Cal Application																																									
7) Referral, Coordination, and Monitoring of non-Medi-Cal Services																																									
8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																																									
9) Transportation for non-Medi-Cal Services																																									
10) Arranging Transportation supporting Medi-Cal Services																																									
11) Non-Medi-Cal Translation																																									
12) Translation Related to Medi-Cal- Services																																									
13) Program Planning, Policy Development, & Interagency Coordination Relating to non-Medi-Cal Services																																									
14) Program Planning, Policy Development, and Interagency Coordination Relating to Medi-Cal Services																																									
15) Medi-Cal Claims Administration, Coordination and Training																																									
16) General Administration/Paid Time Off																																									
TOTAL HOURS																																									
EMPLOYEE SIGNATURE (blue ink only)								TELEPHONE NUMBER								DATE								SUPERVISOR SIGNATURE (blue ink)								DATE									
Instructions: 1. Include two or three samples of activities performed on lines provided below each code. If the same activity is being routinely performed, indicate such. No more than three samples are required. 2. Complete the survey on a daily basis for the designated time survey period . 3. Draw a vertical line through columns that represent days that are unpaid (unpaid leave). 4. Record time in 15-minute increments using only decimals (0.25, 0.50, 0.75). 5. At the end of the day, total each column in the "Total Hours" column. Each day must equal all hours for which paid that day. 6. Be sure to include each activity for codes 1-16 during the survey period. 7. If hours paid equal more than 8, continue on second survey form. 8. Confirm the sum in the bottom right hand corner equals the sum of the bottom row. Sign and date your survey the last day worked and give it to your supervisor. If two pages are used, sign the second page also. NO WHITE OUT ALLOWED																																									
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